

Brain Health Mini-Unit
July, 2015



Brain Health Mini-Unit Guidance Document

July, 2015

Grade Band

7-12

Note: Slides on Concussions are specific to grade band (7-8 or 9-12)

Instructional Days

The instructional days will vary with a minimum of one and will be based on age of students, length of class time, enrichment activities, and depth of coverage.

Acknowledgments

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Clark Street Community School
Middleton, WI

Components of mini-unit

- [Brain Health PowerPoint](#) includes notes for instructor
- Brain Health Skill-Based Lesson
- Brain Health-Know 10 signs
- Brain Health Resource List
- Summary of Clark Street Community School Pilot
- Brain Health Student Project Story Writing Project Example

Guiding Principles

This mini-unit is aligned with the Wisconsin Standards for Health Education and the guiding principles for teaching and learning. These principles recognize that every student has the right to learn and build upon essential elements: high quality instruction, balanced assessment, and collaboration. They are meant to align with academic excellence, rigorous instruction, and college and career readiness for every Wisconsin student. The guiding principles include:

- Every student has the right to learn
- Instruction must be rigorous and relevant
- Purposeful assessment drives instruction and affects learning
- Students bring strengths and experiences to learning
- Responsive environments engage learners

Resource Overview

The mini-unit was designed to provide health educators with a short unit of instruction to supplement existing health curriculum and to aid in the understanding of the brain health. Additional enrichment and community engagement activities are included.

Learner Outcomes

Students will demonstrate an understanding of concepts related to Dementia.

Students will demonstrate effective communication strategies to avoid risk behaviors that could lead to dementia.

Students will demonstrate effective communication skills to aid family discussions and decisions.

Essential Questions

What should students leave able to do, on their own?

What understandings about key ideas should they leave with?

What evidence must be collected and assessed?

Skills Emphasized In the Unit

Interpersonal Communication

Self-Management

Advocacy

Clark Street Community Pilot

For more information please contact the Wisconsin Department of Health Services Dementia Care Specialist Office on Aging at 608-266-2536 or DHSDLTCaging@dhs.wisconsin.gov

Wisconsin Standards for Health Education referenced in grades 6-8

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

1:3:A1 Identify specific behaviors that can reduce or prevent injuries and communicable or chronic diseases

1:3:A2 Describe the negative consequences of engaging in unhealthy behaviors

1:3:A4 Describe how physical and social environments can affect personal health

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

2:3:A3 Examine how one's family, culture, and peers influence one's own personal health behaviors.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

3:3:A2 Locate sources of valid health information from home, school, and community

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

4:4:A1 Examine appropriate communication strategies.

4:3:B1 Demonstrate refusal and limit setting skills that avoid health risks.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

5:3:A1 Determine when individual or collaborative decision making is appropriate.

5:3:B3 Analyze the outcome of a health-related decision.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

6:3:A3 Identify strategies that might be utilized to overcome barriers or setbacks.

Standard 7: Students will demonstrate the ability to use health-enhancing behaviors and avoid or reduce health risks.

7:4:A1 Evaluate behaviors that maintain or improve the health of self and others.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

8:3:A2 Plan ways to advocate for healthy individuals, family and schools.

Wisconsin Standards for Health Education referenced in grades 9-12

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

1:4:A1 Analyze how genetics and family history can affect personal health

1:4:A4 Predict how personal behaviors and access to appropriate health care can affect health.

Standard 2: Students comprehend concepts related to health promotion and disease prevention to enhance health

2:4:1 Analyze how external influences, individually and in combination with others, can influence individuals' health behaviors and that of certain populations.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

4:4:A1 Analyze communication strategies for effective interaction among family, peers, and others to enhance health.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

4:4:A2 Reflect on the impact of communication on enhancing health.

4:4:A3: Demonstrate how to ask for and offer assistance to enhance the health of self and others.

4:4:B1 Demonstrate refusal, negotiation, and collaboration skills to enhance the health of self and others.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

5:4:A1 Identify situations in which using a thoughtful decision-making process would be health enhancing.

5:4:B1 Demonstrate effective decision-making processes related to various complex and relevant health-related situations. These may include but are not limited to: decisions about personal behaviors, decisions related to social behaviors, and use of the health care system.

5:4:B3 Examine barriers that can hinder healthy decision making.

5:4:B4 Predict the potential short-term and long-term impacts of each alternative on self and others.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

6:4:A1 Assess personal health practices and their impact on overall health status.

Standard 7: Students will demonstrate the ability to use health-enhancing behaviors and avoid or reduce health risks.

7:4:A1 Determine behaviors that will protect and promote health in high risk situations. These may include but are not limited to: refraining from risky sexual behaviors; refraining from alcohol, tobacco and other drug use; engaging in various forms of physical activity appropriate to current and future life stages; making complex food choices in various food environments to support health eating; applying social behaviors to prevent and reduce violence in settings relevant to one's culture; practicing safety-related behaviors in high risk situations; and appropriately accessing health care services for routine preventive care and for illnesses and injuries.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

8:4:B1 Develop a plan to advocate for personal, family or community health issue.

Brain Health Skill-Based Lesson

Teach the Skill of Communication

Review the components of the communication skill with your students

Skill Cues from Rubric:

- *demonstrates interactions among individuals
- *message tactics and strategies
 - *clear, organized ideas or beliefs
 - *use of “I” message
 - *tone-respectful vs. aggressive and confrontational
 - *body language

The goal of the skill is to demonstrate the use of appropriate communication techniques to exchange information effectively.

After presenting the key content in the lead up mini lesson about what is normal aging and Alzheimer’s and going through the skill cues the students are going to determine what types of message strategies did not help in having the student understand the changes he/she is seeing and developing an appropriate set of strategies to help and be helped in the family.

Watch the video ‘My Name is Lisa’

Here are the two questions you can use to have the students reflect and decide what they would say:

1. What do you know about Alzheimer’s that lends impact to this part of the narrative? What is occurring?
2. What do you say to comfort and help the person with Alzheimer’s?

What were the communication strategies Lisa used that could have hurt the relationship with her mother?

Yelling at her mom when she didn’t know how to pay for the pizza.

Telling her mom that she couldn’t do anything right.

Teach the Skill of Self-Management

Review the skill cues related to self management

The skill cues include

- Identifies healthy behaviors
- Coping strategies are reviewed
- Demonstrates healthful behaviors, habits, and/or techniques.
- Identifies strategies to avoid/manage unhealthy or dangerous situations as it relates to Alzheimer’s.

This is the self-management question to the ‘My Name is Lisa’ video.

What self-management techniques did you see Lisa using when talking to her mother?

1. *She did not get upset when her mother didn’t understand her question, and changed the subject.*
2. *She recognized her mom needed help, not blame, for the way she was behaving.*
3. *She began to take on some of the smaller tasks her mother didn’t do anymore, like make lunch for herself and her mom.*

KNOW^{the} 10 SIGNS

EARLY DETECTION MATTERS |

Have you noticed any of these warning signs?

Please list any concerns you have and take this sheet with you to the doctor.

Note: This list is for information only and not a substitute for a consultation with a qualified professional.

____ 1. **Memory loss that disrupts daily life.** One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own. **What's typical?** Sometimes forgetting names or appointments, but remembering them later.

____ 2. **Challenges in planning or solving problems.** Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. **What's typical?** Making occasional errors when balancing a checkbook.

____ 3. **Difficulty completing familiar tasks at home, at work or at leisure.** People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game. **What's typical?** Occasionally needing help to use the settings on a microwave or to record a television show.

____ 4. **Confusion with time or place.** People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. **What's typical?** Getting confused about the day of the week but figuring it out later.

____ 5. **Trouble understanding visual images and spatial relationships.** For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not recognize their own reflection. **What's typical?** Vision changes related to cataracts.

6. New problems with words in speaking or writing. People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a watch a "hand clock"). **What's typical?** Sometimes having trouble finding the right word.

7. Misplacing things and losing the ability to retrace steps. A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. **What's typical?** Misplacing things from time to time, such as a pair of glasses or the remote control.

8. Decreased or poor judgment. People with Alzheimer's may experience changes in judgment or decision making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. **What's typical?** Making a bad decision once in a while.

9. Withdrawal from work or social activities. A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. **What's typical?** Sometimes feeling weary of work, family and social obligations.

10. Changes in mood and personality. The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone. **What's typical?** Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

If you have questions about any of these warning signs, the Alzheimer's Association recommends consulting a physician. Early diagnosis provides the best opportunities for treatment, support and future planning.

For more information, go to alz.org/10signs or call 800.272.3900.

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Online Resources for Brain Health, Music and Memory

Brain Health

Resources for Educators About the Brain

<http://www.brainfacts.org/educators/educator-resources/>

The Secret Life of the Brain

<http://www.pbs.org/wnet/brain/index.html>

Neuroscience for Kids

<http://faculty.washington.edu/chudler/neurok.html>

Music and Memory

National website

<https://musicandmemory.org/>

Wisconsin website

<https://www.dhs.wisconsin.gov/music-memory/index.htm>

Local news story

<http://www.channel3000.com/news/music-reconnects-people-with-alzheimers-dementia/25711632>

Additional Dementia Videos, Books, and Resources for Kids

http://www.alz.org/living_with_alzheimers_just_for_kids_and_teens.asp

Further Information on Dementia

Alzheimer's Association

<http://www.alz.org/>

Alzheimer's and Dementia Alliance of Wisconsin

<http://www.alzwisc.org/>

National Institutes of Health

<http://www.nia.nih.gov/alzheimers/alzheimers-disease-research-centers>

WI Alzheimer's Disease Research Center

<http://www.adrc.wisc.edu/>

Mayo Clinic

<http://www.mayoclinic.org/diseases-conditions/alzheimers-disease/basics/definition/con-20023871>

Local Resources to Answer Questions and Help Families

Aging and Disability Resource Centers

Aging and Disability Resource Centers (ADRCs) are the first place to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone - individuals, concerned families or friends, or professionals working with issues related to aging or disabilities - can go for information tailored to their situation. The ADRC provides information on broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care.

These services can be provided at the ADRC, via telephone, or through a home visit, whichever is more convenient to the individual seeking help. Find your local ADRC using the link below.

<http://www.dhs.wisconsin.gov/adrc/>

Dementia Specific Agencies

These agencies provide services and supports for individuals, families and communities facing dementia. They may also be able to assist you in your educational efforts in your classroom, school and community.

Alzheimer's Association Southeastern Wisconsin

620 South 76th Street, Suite 160, Milwaukee, WI 53214
414-479-8800

Alzheimer's Association South Central Wisconsin

7818 Big Sky Drive, Suite 109, Madison, WI 53719
608-203-8500

Alzheimer's Association Greater Wisconsin

2900 Curry Lane, Suite A, Green Bay, WI 54311
920.469.2110

Chippewa Valley Outreach Office

404 1/2 N. Bridge Street
Chippewa Falls, WI 54729
715.720.7611

Fox Valley Outreach Office

1535 Lyon Drive
Neenah, WI 54956
920.727.5541

La Crosse Outreach Office

1523 Rose Street, Suite 8
La Crosse, WI 54603
608.784.5011

Rhineland Outreach Office
8A W. Davenport Street, Suite 224
Rhineland, WI 54501
715.362.7779

Spooner Outreach Office
522 Service Road, Suite 5
Spooner, WI 54801
715.635.6601

Superior Outreach Office
1507 Tower Avenue, Suite 224
Superior, WI 54880
715.392.3255

Wausau Outreach Office
300 N. 3rd Street, Suite L04
Wausau, WI 54403
715.845.7000/715.845.7440

Alzheimer's and Dementia Alliance of Wisconsin

Madison Office
517 N Segoe Rd #301, Madison, WI 53705
(608) 232-3400 Madison office
(888) 308-6251 Toll free

Grant/Richland Regional Office
8820 Hwy 35/61 S
Lancaster, WI 53813
Phone: 608.723.4288
Toll-free: 888.308.6251

Columbia/Sauk Regional Office
2825 Hunters Trail
Portage, WI 53901
Phone: 608.742.9055
Toll-free: 888.308.6251

Toll-free Helpline

Alzheimer's Association 24 hour helpline

Available for anyone to call with questions 24 hours per day, 7 days per week.
1.800.272.3900

Legal Questions

The Wisconsin Guardianship Support Center (GSC) provides information and assistance on issues related to guardianship, protective placement, advance directives, and more. Operated by the Greater Wisconsin Agency on Aging Resources, the GSC is staffed by an attorney who responds to requests for information through a toll-free helpline or by e-mail. Calls are returned in the order in which they are received.

To contact the Guardianship Support Center,

Call: (855) 409-9410

E-mail: guardian@gwaar.org

<http://www.gwaar.org/for-seniors-and-families/elder-law-and-advocacy-center/wisconsin-guardianship-support-center.html>

Wisconsin Department of Health Services

Dementia Care Specialist

Office on Aging

608-266-2536

Summary of Clark Street Community School Pilot Project

June, 2015

The goal of this pilot project was to present high school students with the material in the dementia curriculum developed by the WI Department of Health Services (DHS), supplement the curriculum with Music and Memory and community engagement activities, and learn from the students and teachers how to best present this information in a school setting.

The DHS, and its partner the Wisconsin Alzheimer's Institute (WAI), met in April of 2015 with the school principal and several teachers to discuss the possibility of piloting the dementia curriculum as an option for their end of year three week intensive seminar. The concept was well received by the principal and teachers alike. Both teachers and students vote on the topics that will be included, and the dementia curriculum was voted in as one of the offerings. Twenty four students signed up for the seminar.

Seminar Highlights

- Students watched the movie 'Alive Inside', a documentary on the effect of music on people with dementia living in nursing homes.
- Dr. Dale Taylor spoke to the class on 'Music and the Brain'.
- Presentation of the curriculum by Clark Street teacher Rick Evans occurred over three class periods.
- Visit to Oakwood Village nursing home to interview residents who participate in the Music and Memory program about their thoughts and feelings on music. Participated in a music therapy session with Oakwood residents.
- Trips to the Alzheimer's Disease Research Center included the opportunity to hold a real brain and watch a brain autopsy, interview Dr. Mark Sager who is founder of the WAI, learn about the Wisconsin Registry for Alzheimer's Prevention study, experience a typical visit for a WRAP research participant, and have graduate students share the research they are doing around dementia.
- Middleton is a dementia friendly community and Mark Optiz from the City of Middleton spoke to the class about why being dementia friendly is important and what Middleton has done to become friendly.
- Created personal playlists, such as those used in the Music and Memory program, and presented them to the class.

Outcomes

The results of the pilot test were very positive. Both students and teachers had a good experience with the seminar, and this topic will be expanded to a 15 week seminar at the Clark Street school in the fall. Several students that attend this seminar signed up for the fall and the seminar is at full capacity.

Pre and post tests were developed to measure student learning and a survey was created to gauge student interest.

Pre and Post Test Results on Dementia Knowledge (total completed pre and post-tests= 11)

- Of the completed pre and post-tests, the number of correct answers increased by 30% in the post-test.
- The most notable improvements came with the questions regarding whether dementia was a normal part of aging and whether Alzheimer's disease was a fatal illness. The improvement in the scoring of these questions, indicate the curriculum has reduced misunderstanding about dementia, and therefore reduces some of the stigma of the condition.
- Of the 15 completed pre-tests, 10 responses stated the student knew someone with dementia.

Survey Feedback (total completed surveys=9)

- Halfway through the pilot (prior to the research visits), a survey was completed by nine students, rating the activities that took place thus far as their favorite:
 - Watching the Film *Alive Inside* (3)
 - Dr. Dale Taylor visit (3)
 - Creating Personal Playlists (2)
 - Curriculum Activity "What is dementia?" (1)
- After all seminar activities had been completed, handling the brain and brain autopsy were the most popular.

The survey also captured responses to the question "Would you recommend this seminar to others?"

- "Yes because I learned a lot and love it."
- "Yes, it's very interesting and you learn a lot."
- "Definitely! This is an extremely great seminar to take if you want to learn more about the disease."
- "Yes, because it is really interesting and exciting to learn about."
- "Yea, it's really interesting."
- "Yes, it's cool to know how to take care of someone in your family with dementia/Alzheimer's."
- "Yes, even if you are not interested in healthcare or a career helping old people this seminar is still pretty interesting and so far we've learned a lot of useful information."
- "No I would not. This seminar is very boring overall. I very much dislike this seminar."
- "I guess."

Community Partner Feedback

- Dr. Sager approached DHS to say he enjoyed his time with the students and would like to participate again.
- The researchers and graduate students all enjoyed their time with the high school students and are willing to repeat these hands on opportunities for future classes. Discussion of

having a “Research Day” at the UW when all schools using the curriculum would have the opportunity to visit has begun.

- WAI also felt the experience was valuable and will participate again and help promote it to other schools. The WAI oversees 45 memory diagnostic clinics that would be willing to provide educational support and experience for schools unable to send kids to Madison. These clinics exist across the state.
- Visiting the ‘Memory Café’ at Captain Bill’s restaurant could not be scheduled this time, but this group is looking forward to being included in the fall. Memory cafés exist in many parts of the state.
- The statewide Alzheimer’s Association and the Alzheimer’s and Dementia Alliance of Wisconsin are eager to become community partners in the fall.
- A grant was submitted for expansion of the Music and Memory program to the remaining nursing homes in the state and has included funding to connect 50 nursing homes with local high schools in helping to implement the program. The students can help the nursing homes with the technology end of using iTunes and Ipods, that is the part nursing homes struggle to do.
- The project was presented on June 23 to Secretary Kitty Rhodes of DHS and was very well received and has the full support of the Department.
- Dementia friendly communities initiatives across the state, along with county-based dementia care specialists are excited for the curriculum and will be reaching out to their local schools to advocate for use of the curriculum once it has been approved and made available by DPI.

Conclusion

In response to the successful pilot project, the Department of Health Services and the Wisconsin Alzheimer’s Institute fully support this curriculum and submit it to the Department of Public Instruction requesting that it be made available statewide. The final curriculum will be flexible, and will be appropriate for both middle and high school, with only one slide being high school appropriate only. The curriculum can be covered in one or two class periods, or if a school has time and resources to include some or all the community engagement opportunities they will be available to them through this curriculum.

Brain Health

Student Final Project Example

The example is from a 15 year old student who participated in the Clark Community School Pilot.

Directions: The students were asked to demonstrate understanding and application of the Brain Health Unit. This student chose to write a fictional story.

Growing up, my father was a really fun-loving guy. He would take me to amusement parks, play catch with me, and come to all my school presentations, even if none of my classmate's parents did. I guess that's just because he wanted to protect me, and be there for all my accomplishments, just experience as much of my life as he could. When my mom died, I was only two years old, and with no other kids, it was just me and my dad. Losing my mom really took a toll on dad. Despite my only being two, I've heard stories of my dad shutting himself in, paying attention only to me and work. Never going out, never talking to friends or family and refusing to let them visit. As the years passed, he loosened his grip on me, and slowly started to interact with others again. By the time I was 5 years old, he was back to his joyful self.

I'm 16 years old now. My dad started changing a bit around the time I was 10. He got a promotion at work, so we had to stop taking weekend trips to amusement parks and different places. He's gotten a bit more forgetful since then. Of course, getting a bit more forgetful is just a normal part of aging. For example, I found him sitting on the stairs next to a laundry basket the other day, and when I asked him if he was actually going to do the laundry, he replied "Of course!" I roll my eyes, grinning at the silly guy my father is.

I got a knock at the door today. When I opened it, it revealed a man with a black suit and red tie on standing outside with a briefcase. He asked me if my father was home, and when I responded that he was out at the market, he simply handed me the briefcase and told me to give it to my father. I nodded slowly, mumbled a goodbye and closed the door. I glanced at the briefcase, which was unmarked. I set it down on my kitchen table and snapped it open. What I found inside was a bundle of papers; I realized that these were bills for our house, water, electricity, and more. *How could dad forget to pay the bills?* I thought to myself. Dad needs to get home soon so that we can discuss this.

After figuring out that my dad 'forgot' how to do the bills, I decided to take over and just use dad's account, figuring that was better than risking him forgetting to turn them in again. I hear the kitchen phone ringing while finishing up the electricity bill, I scoot my chair out and pad into the kitchen to pick up the phone.

"Hello?"

“Hello, is this John?”

“Yes?”

“Your father has been in a car accident. He’s at the hospital.” At that moment, all my minor irritation at him from having to do the bills along with my homework, and having to do the laundry for him, all disappeared.

“What?!”

“Would you like us to send someone to pick you up?”

“Uhh...yes.”

I couldn’t think straight. I barely got out the words before I burst into tears and slammed the phone down, not caring that I hung up on a police officer. I sat down on the kitchen floor, crying my eyes out, thinking my dad was going to die. There was a knock at the door about 10 minutes later, but which time the tears had been replaced with pure shock. I slowly got up and dragged my feet to the door, wiping my eyes on last time before opening it.

“John?”

Two police officers stood at my doorway, looking at me.

“Hi...”

I started out of the house, and one of the police officers patted my shoulder comfortably, at which I sniffled.

“Your father is stable. He’s gonna be okay.”

“Really?”

“Yes.”

The officer opened the back door of the car for me, and I got in, glancing around at the glass wall in between me and the two officers. They started the car and began driving. Before I knew it, the car stopped and the door was opened by one of the officers, name J. Wilson according to his nametag.

“Would you like one of us to walk you up to the room?”

“No, I’ll be okay. Thanks though...”

I looked at Mr. Wilson with my still tear stained face.

“Of course, the room is 324. Take the elevator to the third floor. You’ll be able to find it from there.”

“Thank you.”

I turned my back to the officer, slowly walking into the hospital and towards the elevator. I pressed the ‘UP’ button, and the door immediately opened. I entered, searching for the third floor and pressing the appropriate button with I found it. Soft elevator music played, and I closed my eyes until the doors opened once more and I could leave. I glanced down the hallway both ways, seeing door after door. I searched for a sign that could direct me towards the room that held my injured father. I finally found the sign and went left. When I found the room, I took a deep breath, knocked on the door, and waited for it to be opened for me. The door opened to a sympathetic looking doctor.

“Hi. Are you John?”

“That’s me.”

“Alright, come on in.”

I padded into the room, and the doctor closed the door behind me.

“Your father is completely stable” the doctor spoke as soon as the door was closed.

“He’s just unconscious at the moment.”

“O-okay...”

I looked over at the bed that my gaze had been avoiding. My father had an IV in his wrist, and a few scratches along his face. His head was tilted to its side into the pillow, obviously out cold.

“What happened?”

I looked over at the doctor.

“It was just a fender-bender, nothing serious. But...Come over here for a moment.”

He gestured away from father with his hand, and I followed, confused.

“John...Have you noticed your father forgetting how to do basic things or when to do things lately?”

“Yeah, why? I was beginning to get worried.

“Well...your father has dementia. Do you know what that is?”

“N-no...Is he gonna die?!” Shock filled my body again.

“No no no no no...dementia is a general term for the decline of mental ability. Your father didn’t get in the accident today because of a mistake. He doesn’t know how to drive anymore.”

I didn’t know what to say. How could dad not know how to *drive* anymore? How is that even possible?

“Do you need to sit down?”

When I didn’t respond, he set a hand on my shoulder and led me over to the chair, which I sat in. The doctor backed off, allowing me to adjust to the situation.

“Is he gonna forget everything?”

I looked at the doctor, who was peering out the window on the other side of the room. When I spoke, he turned to me.

“Eventually, yes you’ll have to take of him.”

I didn’t speak at all after that. After a few hours, one of the nurses offered me a room close to my father’s that I could stay the night at. I accepted, and after taking one last look at my father, left his room for some well needed rest.

The next day, I asked the doctor more about my dad’s ‘condition’. He gave me a packet all about dementia and how to take care of people with it. I read through the packet in my room, and realized all the little things that I had been shrugging off about my dad were all in this packet. And not once had I tried to seek medical help.

My dad was let out of the hospital three days after the accident, and his license was revoked. Thankfully, I had my license, but that also meant I was gonna have to be the one to drive my dad places and get groceries. After we were dropped back off at my house my dad sat down on the couch, staring blankly at the television. I sighed.

“Do you need me to turn on the TV?”

My father looked at me.

“Who are you? Get out of my house!”

I felt my eyes widen.

“What?! I’m your son!”

I starred at my father.

“I don’t have any children! Get out!” Despite his voice, he made no attempts to get up, and he was still smiling.

“Are you okay?”

I didn’t move.

“John? Of yes of course please turn on the television.”

When I didn’t move, he spoke again.

“John?”

“Uhh...okay...”

I reached over and switched on the TV, still looking at my father. His eyes fixated on the TV, and he started ignoring me. I sighed and padded up to my room slowly, flopped down on my bed, hands over my face. *What am I gonna do? I can’t stand this! He didn’t even remember me!* I threw the cover over myself and closed my eyes, wishing it would all just go away.

I woke up in the morning to my dad standing in my doorway. Apparently he was coming to wake me up. Seeing that he still cared, but that he was vulnerable even in his own house kinda softened me up. I realized that it’s not his fault. That he can’t control what’s happening to him. That he doesn’t even realize that he has dementia. I crawled out of bed and gave my dad a bear hug, and he hugged back after about two seconds. My father took care of me for 16 years.

Now it’s my turn.